

RECEIVED

By Judith Wilson at 7:48 am, Jan 12, 2016

**MIKE DEWINE**

* OHIO ATTORNEY GENERAL *

Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov**NOTICE OF PEACE OFFICER APPOINTMENT**

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

| | | | | |
|---|------------------|------------------|-----------------------|---------------------------|
| OFFICER INFORMATION | 1. Name (Last) | (First) | (Middle) | 2. Social Security Number |
| | Herrick | Dylan | Thomas | [REDACTED] |
| 3. Previous Name(s) or Alias (Last) | (First) | | | (middle) |
| 4. Birth date (mm/dd/yyyy) | 5. Email Address | | | 6. Phone Number |
| 01/22/1995 | [REDACTED] | | | [REDACTED] |
| 7. Home Mailing Address (#/Street/PO Box) | (City) | (State) | (Zip Code) | (County Name) |
| [REDACTED] | | | | |
| 8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP) | (Academy Name) | (Academy Number) | (Dates of Training) | |
| Kent State Trumbull | | BAS002 | 01/20/2015-08/02/2015 | |

| | | | | |
|--|--------------------------|------------|---------------|--|
| AGENCY INFORMATION | 9. Agency Name | | | |
| | Amsterdam Village Police | | | |
| 10. Agency Email Address | 11. Agency Phone Number | | | |
| Amsterdampd24@yahoo.Com | 740-543-3797 | | | |
| 12. Agency Mailing Address (#/Street/PO Box) | (City) | (Zip Code) | (County Name) | |
| 103 Springfield St. P.O. Box 115 | Amsterdam | 49903 | Jefferson | |

| | | | | |
|--------------------------------|--|--|--------------------------|------------------------|
| APPOINTMENT INFORMATION | (Complete Date, Status and ORC) | | 13. New Appointment Date | 14. Status Change Date |
| | | | 09 / 30 / 2015 | / / |
| 15. Select New Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal | | | |
| 16. Select New ORC | <input type="checkbox"/> City Full-Time/Part-Time (737.02) <input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City Chief (737.02) <input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15) <input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter _____ <input type="checkbox"/> Other - List ORC/Charter _____ <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311.01) | | | |

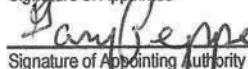
| | | | |
|---|--|--|--|
| ATTESTATION OF REPORTING AUTHORITY | | I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation. | |
| 17. Signature of Reporting Authority | 18. Printed Name and Title | 19. Date | |
| [Signature] | David F. Cimperman, Jr., Chief Of Police | 09 / 30 / 2015 | |
| 20. Signature of Witness | 21. Printed Name (First, Middle, Last) | 22. Date | |
| [Signature] | Jack J. Justus, Deputy Chief | 09 / 30 / 2015 | |

| | | | |
|---------------------|---------|----------|--|
| Officer Name (Last) | (First) | (Middle) | Social Security Number |
| Herrick | Dylan | Thomas | <div style="background-color: black; width: 100px; height: 20px;"></div> |

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.


Signature of Appointee


Signature of Appointing Authority

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

| | | |
|--|------------------------------|------------------------|
| 24. Appointed By (Agency Name and County): | 25. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |
| 27. Appointed By (Agency Name and County): | 28. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |
| 30. Appointed By (Agency Name and County): | 31. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |
| 33. Appointed By (Agency Name and County): | 34. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |
| 36. Appointed By (Agency Name and County): | 37. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |
| 39. Appointed By (Agency Name and County): | 40. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
| 41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal | | |